

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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		LAVA	
	0504	9394	Ì
	SEC U	SE UNLI	
	Prefix	Serial	
-	DATE R	ECEIVED	

				·
Name of Offering ( check if this is an amendme	ent and name has changed	l, and indicate chang	ge.)	
Fourth Avenue Fund, L.P.				
Filing Under (Check box(es) that apply):	ule 504 🔲 Rule 505		☐ Section 4(6)	□ ULOE
Type of Filing: ☑ New Filing ☐ Amendment				
A.	BASIC IDENTIFICAT	TION DATA		
1. Enter the information requested about the issuer				
Name of Issuer ( check if this is an amendment a	and name has changed, ar	nd indicate change.)		
Fourth Avenue Fund, L.P.				
	er and Street, City, State, 2	Zip Code) Te	lephone Number (Inc	cluding Area Code)
6 East 43rd Street, New York, New York 10010		(21	2) 953-7810	
Address of Principal Business Operations (Number	er and Street, City, State,	Zip Code) Te	lephone Number (Inc	cluding Area Code)
(if different from Executive Offices)				PECEIVED CO
Brief Description of Business: Investments in limit	ed partnership interests	<b>1.</b>	[S]	
Type of Business Organization				DD 0 4 2005
☐ corporation ☑ limited part	tnership, already formed	☐ other	·(please specify): 🏻 🔑	1rk () 4 2000 /
☐ business trust ☐ limited part	nership, to be formed		A.	
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (Enter	two-letter U.S. Postal Ser			202
Name of Issuer ( check if this is an amendment a Fourth Avenue Fund, L.P.  Address of Executive Offices (Number 6 East 43 <sup>rd</sup> Street, New York, New York 10010  Address of Principal Business Operations (Number (if different from Executive Offices)  Brief Description of Business: Investments in limit Type of Business Organization  corporation  business trust  Actual or Estimated Date of Incorporation or Organization (Enter the sum of the	and name has changed, are and Street, City, State, 2 are are and Street, City, State, 2 are are and Street, City, State, 2 a	Te (2) Zip Code)  Zip Code)  Te (2) Zip Code)  Te other  Year  0 5   ✓ A  Vice abbreviation fo	etual Estimated	PR 0 4 2005

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

BY

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or  Managing Partners
Full Name (Last name first, if individual) Fourth Avenue Partners, LLC	
Business or Residence Address (Number 6 East 43 <sup>rd</sup> Street, New York, N.Y. 10010	
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners
Full Name (Last name first, if individual)	
Business or Residence Address (Number	and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners
Full Name (Last name first, if individual)	
Business or Residence Address (Number	and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners
Full Name (Last name first, if individual)	
Business or Residence Address (Number	and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partners
Full Name (Last name first, if individual)	
Business or Residence Address (Number	and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners
Full Name (Last name first, if individual)	
Business or Residence Address (Number	and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partners
Full Name (Last name first, if individual)	
	and Street, City, State, Zip Code)
(Use blank s	neet, or copy and use additional copies of this sheet, as necessary.)

		- 3		B. IN	FORMAT	ION ABO	UT OFFEI	RING		age of the state o	4.00	·
1. Has the	e issuer sold	, or does th	ne issuer int	end to sell	to non-acc	credited inv	estors in th	is offering	?		Yes □	No ⊠
			An	swer also i	n Appendi	x, Column	2, if filing	under ULO	E.			
2. What is	s the minim	um investn	nent that wi	ll be accep	ted from ar	ıy individu	al?				\$	100,000
											Yes	No
3. Does th	ne offering p	permit join	t ownership	of a single	e unit?		•••••		•••••		X	
comm If a pe list the dealer	the informatission or site or son to be left or anne of the contract of the co	milar remulisted is an ne broker out the	neration fo associated or dealer. It informatio	r solicitation person of a more than	on of purch broker or five (5) pe	asers in co dealer regisersons to be	nnection w stered with	ith sales of the SEC ar	securities ad/or with a	in the offer state or sta	ring. ates,	11
Business	or Residenc	ce Address	(Number	and Street	, City, State	e, Zip Code	e)					···
Name of	Associated	Broker or	Dealer									
	Which Pers "All States										🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last nam	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Street	, City, Stat	e, Zip Code	e)					***************************************
Name of	Associated	Broker or	Dealer									
	Which Pers "All States										🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	r and Stree	t, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer									
	Which Pers						5				🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check					
this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange					
and already exchanged.	,	Aggregate		An	nount
Type of Security	Offe	ering Amou			dy Sold
Debt	_		<del></del>		•
Equity	\$		<u>-</u>	\$	
☐ Common ☐ Preferred  Convertible Securities (including warrants)	\$			\$	
Partnership Interests		100,000,0		\$	
Other (Specify)					
Total					
Answer also in Appendix, Column 3, if filing under ULOE					
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".					
		Number Investors		Dollar of Pu	regate Amount rchases
Accredited Investors			_	\$	
Non-accredited Investors.			<u>·</u>	\$	•
Total (for filings under Rule 504 only)			_	\$	•
. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
				<b>.</b>	
Type of offering Rule 505		Type of Security			Amount Sold
Regulation A				\$	
Rule 504				\$	
Total				\$	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees				\$	
Printing and Engraving Costs				\$	
Legal Fees			$\times$	\$	30,000
Accounting Fees		•••••	$\boxtimes$	\$	20,000
Engineering Fees.				\$	
Sales Commissions (specify finder's fees separately)				\$	<u> </u>
Other Expenses (identify)				\$	
Total			X	\$	50,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS
b. Enter the difference between the aggregate Question I and the total expenses furnished in response the "adjusted gross proceeds to the issuer"	nse to Part C - Question 4.a. this difference is	\$99,950,000
. Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response.	any purpose is not known, furnish an estimate e total of the payments listed must equal the	
	Of Dire	nents To ficers, ctors, & Payments To filiates Others
Salaries and fees		□  \$
Purchase of real estate	□ \$	
Purchase, rental or leasing and installation of m	achinery and equipment □ \$	□ \$
Construction or leasing of plant buildings and f	acilities	□ \$
	sets or securities of another	
Column Totals		. 🗵 \$ 99,950,000
Total Payments Listed (column totals added)		⊠ \$ 99.950,000
	D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed be following signature constitutes an undertaking by the he information furnished by the issuer to any non-acci	issuer to furnish to the U.S. Securities Commission	, upon written request of its staff,
Issuer (Print or Type)	Signature / // // // // Signature	Date 2/16/05
Fourth Avenue Fund, L.P. Name of Signer (Print or Type)	Title of Signer (Print or Type)	February 8, 2005 L/16/05
Andrew Kleinberg	Munoging father Fourth Avenue Partners, LLC its General Partners	uer

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)